



PTO/SB/80 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

32042

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		


Assignee Name and Address:

Health Hero Network, Inc.
2570 W. El Camino Real, Ste. 111
Mountain View, California 94040

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	May 6 2005
Name	Stephen J. Brown	Telephone	650-559-1000
Title	President & CEO		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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PTO/SB/96 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Stephen Brown

Application No./Patent No.: 10/826107 Filed/Issue Date: April 16, 2004

Entitled: REMOTE HEALTH MONITORING AND MAINTENANCE SYSTEM

Health Hero Network, Inc., a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Stephen J. Brown To: Health Hero Network, Inc.
The document was recorded in the United States Patent and Trademark Office at Reel 010244, Frame 0138, or for which a copy thereof is attached.
2. From: Raya Systems Incorporated To: Health Hero Network, Inc.
The document was recorded in the United States Patent and Trademark Office at Reel 011035, Frame 0154, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Scott W. Cummings
Signature

July 12, 2005
Date

Scott W. Cummings (41,567)
Printed or Typed Name

703-744-8000
Telephone Number

Legal Representative of the Assignee
Title



PTO/SB/122 (04-05)

Approved for use through 07/31/2006. OMB 0651-0035

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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/826107-Conf. #9877
	Filing Date	April 16, 2004
	First Named Inventor	Stephen Brown
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	014030.0110D1US

Please change the Correspondence Address for the above-identified application to:

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I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 41,567☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature	
Typed or Printed Name	Scott W. Cummings
Date	<u>July 12, 2005</u>
Telephone	(730) 744-8000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.